CHAPTER 1
SECTION 6

MINIMUM DATA ELEMENT REQUIREMENTS

1.0. MACHINE READABLE RECORDS

The data elements listed in the following automated files are considered the **minimum standard data elements** necessary to satisfy program requirements. The contractor's system must also include all those data elements to meet TRICARE ADP requirements for submission of Health Care Service Records (HCSRs). The identification of these minimum standard data elements in the following functionally-related files does not prohibit the contractor from integrating or further segregating these functions into other file arrangements.

2.0. BENEFICIARY PROCESSED CLAIMS HISTORY AND DEDUCTIBLE FILE

This file consists of all computer generated data (maintained on magnetic tape, disc, or other forms) which the contractor utilized in complying with the provisions of the ADP Manual, and related TRICARE Instructions in the processing of TRICARE claims. This file will reflect the data submitted to TRICARE Management Activity (TMA) on HCSRs including resubmissions and adjustments; it will also contain all data necessary to reproduce a HCSR record as required by this manual and to reproduce an EOB, if required. Listed below is the minimum standard data required.

2.1. Patient Data

2.1.1. Name

2.1.2. Address

2.1.3. I.D. Card Effective Date

2.1.4. I.D. Card Expiration Date

2.1.5. Sex

2.1.6. Date of Birth

2.1.7. Relationship to Sponsor

2.2. Sponsor Data

2.2.1. Name

2.2.2. Address

2.2.3.   SSN/VA File Number

2.2.4.   Branch of Service

2.2.5.   Pay Grade

2.2.6.   Status

2.2.7.   Duty Station (As indicated on the Program for Persons with Disabilities file)

2.3.   Payee Data

2.3.1.   Name

2.3.2.   Address

2.3.3.   Relationship to Sponsor

2.3.4.   Check(s) Issued

2.4.   Deductible Status

Current and two prior years for both individuals and the family.

2.5.   Method of Flagging

2.5.1.   OHI (Other Health Insurance)

2.5.2.   Overpayment Offset

2.5.3.   Utilization

2.5.4.   TMA authorization file indicator

NOTE: See the OPM, Chapter 8 (for Contractors), for special file review requirements.

2.5.5.   A system of counting and control for both inpatient and outpatient psychiatric care. This must include a counter to accumulate total inpatient days, by calendar year, during which mental health services were received.

2.5.6.   A system of counting and control for long term hospital stays (i.e., over 90 days).

2.5.7.   All elements of the HCSR will be maintained as history.

3.0.   PROVIDER FILE

The provider file consists of all computer generated data (maintained on magnetic tape, disc, or other form) or manually generated data and supporting documents which are utilized to establish and/or document a provider's eligibility for the purpose of claims payment. These files are required to ensure accurate processing and payment of TRICARE

claims. The elements listed below are considered essential. However, contractors may, with TMA approval, employ systems which are expected to achieve equal or better results. Listed below is the minimum standard data required.

3.1. Automated Professional Provider File

Provider file data elements as defined in Chapter 2.

FLAGS
Overpayment Offset
Utilization Review
Termination   (Not essential if termination/suspension dates perform the function of flags.)
Suspension:

3.2. Automated Institutional Provider File

Provider file data elements as defined in Chapter 2.

FLAGS
Overpayment Offset
Utilization Review
Termination   (Not essential if termination/suspension dates perform the function of flags.)
Suspension:

4.0. REIMBURSEMENT FEE FILE(S)

These files consist of all generated data (maintained on tape, disc, or other form) or manually generated data and all supporting documents which the contractor utilizes in determining payment to beneficiaries or providers. The Pricing File data elements listed are considered the minimum standard data elements necessary to satisfy program requirements. The identification of these minimum data elements in the following functionally-related files does not prohibit the contractor from integrating or further segregating these functions into other file arrangements in a distributed processing system.

4.1. Automated Institutional Provider Reimbursement File

4.1.1. Provider Number (Contractor Assigned Number or EIN)

4.1.2. Provider Name

4.1.3. Provider EIN

4.1.4. Daily Room Rates

NOTE: Any one or a combination of the following depending on the institutional billing procedures. All other charges such as private room rates, may be manually priced as part of the review process.

4.1.4.1.   Semi-Private Rate

4.1.4.2.   Room and Board Rate

4.1.5.   Date of Update

4.1.6.   Reason for Update (if other than annual profile update period)

4.2.   Area Prevailing File

Pricing file data elements as defined in Chapter 2.